

**SOLID WASTE MANAGEMENT FACILITY PERMIT APPLICANT'S
DISCLOSURE STATEMENT**

COVER SHEET

Applicant's Name :

Company Name:

Address:

City: State: Zip:
Telephone: ()

Applicant's Interest:
(Check all applicable boxes)

- ☐ Owner
☐ Operator
☐ Other (explain):

Enter below the names of all key personnel and the starting page number showing more detail
A separate DEQ Form DISC-02 must be completed on each individual listed

Key Personnel	Page
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Key Personnel	Page
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	

COVER SHEET

List all agencies **outside the Commonwealth** which have regulatory responsibility over the applicant or have issued any environmental permit or license to the applicant within the past ten years, in connection with the applicant's collection.

Agency Name and Permit or License Type	Expiration Date	State

COVER SHEET

List full name and business address of any member of the local governing body or planning commission in which the solid waste management facility is located or proposed to be located, who holds an equity interest in the facility

Full Name	Business Address

Remarks or continuation from previous pages:

COVER SHEET

Continuation from previous pages:

I certify under penalty of law that the information contained in this disclosure statement and all attachments are, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for.

Signature	Typed or printed full name	Title	Date
STATE OF			
COUNTY OF			
On this ____ day of _____, 20__, before me personally came _____			
_____, who being by me duly sworn, did depose and say that she/he is the			
person who executed the above disclosure statement and that she/he signed her/his name.			
_____		My commission expires	
